



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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HLR

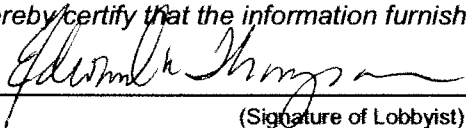
**LOBBYIST REGISTRATION FORM**

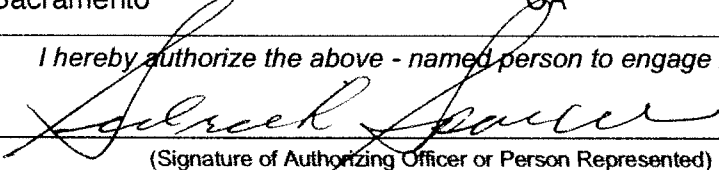
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Thompson	Edward		808-330-6845
MAILING ADDRESS (Street)			FAX
2272 Aupuni Street			808-440-0358
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hoffmann-LaRoche, Inc.			973-562-2341
MAILING ADDRESS (Street)			FAX
340 Kingsland Street			
(City)	(State)	(Zip Code)	
Nutley	NJ	07110	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sedrick Spencer			916-376-0990
MAILING ADDRESS (Street)			FAX
7485 Rush River Drive, Suite 710, PMB 238			916-376-0999
(City)	(State)	(Zip Code)	
Sacramento	CA	95831	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	3-05-07
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Sedrick Spencer		
NAME OF ORGANIZATION (if applicable)		TELEPHONE
HLR Service Corporation		916-376-0990
MAILING ADDRESS (Street)		FAX
7485 Rush River Drive, Suite 710, PMB 238		916-376-0999
(City)	(State)	(Zip Code)
Sacramento	CA	95831
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
		03-05-07
(Signature of Authorizing Officer or Person Represented)		(Date)